

Share of Cost Issues

Concerns have been raised by counties and providers regarding authorization of and payments for services provided to CCS clients who are also Medi-Cal Share of Cost (SOC) beneficiaries. Clients with a SOC who are residentially, financially, and medically eligible for CCS and who are assigned aid code 9K code are CCS-Only clients unless and until the SOC is met or obligated. Claims submitted by a CCS provider for a SOC Client when SOC has not been met or obligated will adjudicate at EDS and Delta Dental as CCS-Only. Such claims will use 50% State and 50% County CCS funds. If the SOC is met or obligated, the claim will be paid by Medi-Cal using 50% State and 50% federal Title XIX funds with no county financial participation.

It is obviously to the advantage of the County to have a CCS client meet or obligate the SOC amount. However, there is no provision of State or federal law that requires a Provider to accept or obligate a CCS client's SOC. Also, there is no provision of law that requires a CCS family to pay their child's SOC to be eligible for CCS.

- A county CCS program can not make a provider's acceptance of obligation or payment of a CCS client's SOC a condition for CCS authorization of services for the client to the provider.
- A county CCS program can not otherwise require a provider to obligate a CCS client's SOC.
- A county CCS program can not advise the family of a CCS client who is residentially, financially, and medically eligible for CCS that the family must pay the Medi-Cal SOC in order for CCS services to be authorized for the client.

CCS service authorizations are to be issued based on medical necessity and CCS approved provider availability, not on the source of payment for the client's services.

Counties may work with providers to encourage them to obligate a CCS client's SOC but there is no mandate that a provider must agree to do so.